

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA**Notification of Regulated Waste Activity**

United States Environmental Protection Agency

Date Received
(For Official Use Only)

NOV 02 1998

U. S. EPA, REGION V

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)☐

A. First Notification

☒B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

ILD042855510

II. Name of Installation (Include company and specific site name)

Taylor Company

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

750 N. Blackhawk Blvd.

Street (Continued)

City or Town

Rockton

State

IL

Zip Code

61072

County Code

201

County Name

Winnebago

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

Same

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

Jero

(First)

Arthur

Job Title

Environmental Coordinator

Phone Number (Area Code and Number)

815-624-8333

VI. Installation Contact Address (See Instructions)A. Contract Address
Location Mailing Other☒

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)**A. Name of Installation's Legal Owner**

Specialty Equipment

Street, P.O. Box, or Route Number

1245 Corporate Blvd. Suite 401

City or Town

Aurora

State

IL

Zip Code

60504

Phone Number (Area Code and Number)

630/585-5111

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

☐

X

No

(Date Changed)
Month Day Year☐☐☐RECEIVED
OCT 27 1998

RCRISENTRY NOV 06 1998

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒
- D008 D009 D035 D018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F003	F001				
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

Dave Marchant, VP of Operations

10-22-98

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Erwin D. Toerber, P.E.
Quentin H. Davis, P.E.
Hans A. Anderson, P.E.
R. Todd Weegens, P.E.

660 W. Stephenson St.
Freeport, Illinois 61032
815/235-7643
FAX 815/235-4632



**FEHR-GRAHAM
& ASSOCIATES**
Engineering and Science
Consultants

CELEBRATING 25 YEARS OF
ENGINEERING EXCELLENCE

CERTIFIED MAIL NO. Z 469-847 252
RETURN RECEIPT REQUESTED

October 21, 1998

Illinois Environmental Protection Agency
Division of Land Pollution Control
1021 N. Grand Avenue, East
P.O. Box 19276
Springfield, IL 62794-9276

RECEIVED
OCT 27 1998

Re: Subsequent EPA Notification of Waste Activity (8700-12 Form)
Taylor Company
750 N. Blackhawk Blvd.
Rockton, IL 61072
ILD 042855510

RECEIVED
NOV 20 1998
RECORDS ROOM
Waste, Pollution & Toxics Division
U.S. EPA - REGION 5

Dear Sir/Madam:

Please find enclosed a subsequent Notification for Regulated Waste Activities for the Taylor Company. If you have any questions, please call me at 815/235-7643.

Sincerely,

Ken R. Thompson
Project Manager - Environmental

KRT:ns
\\FGAFRPT\SYS\WPFILES\LETTER\K38117a-wnf.doc
Enclosure
cc: Art Jero, Taylor Company

RECEIVED
NOV 02 1998
U. S. EPA, REGION V
SWB - PMS



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

November 17, 1998

REPLY TO THE ATTENTION OF:

MR. ARTHUR JERO
TAYLOR COMPANY
750 N BLACKHAWK BLVD
ROCKTON, IL 61072

RECEIVED
NOV 20 1998

RE: US EPA ID Number ILD 042 855 510

EPA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA—REGION 5

Location: 750 N BLACKHAWK BLVD

ROCKTON, IL 61072

In response to your correspondence of 10/22/98, the following
information has been updated:

ADDITION OF WASTE CODES:

D002, D018 AND F001

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon J. Kiddon

Sharon J. Kiddon
RCRA Notification Program Manager

cc: State Agency
File

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

PROGRAM MANAGEMENT BRANCH

RECEIVED
Date Received
(For Official Use Only)
SEP 04 1997

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

I L D 0 4 2 8 5 5 5 1 0

II. Name of Installation (Include company and specific site name)

T A Y L O R C O M P A N Y

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

7 5 0 N. B L A C K H A W K B L V D.

Street (Continued)

City or Town

R O C K T O N

State

I L

Zip Code

6 1 0 7

U.S. EPA, REGION V
8WB-PMS

County Code

2 0 1

County Name

W I N N E B A G O

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

I L

Zip Code

6 1 0 7

RCRA RECORDS ROOM

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

J E R O

(First)

A R T H U R

Job Title

E N V. C O O R D I N A T O R

Phone Number (Area Code and Number)

8 1 5 - 6 2 4 - 8 3 3 3

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing Other☒ ☐ ☐

B. Street or P.O. Box

City or Town

State

I L

Zip Code

6 1 0 7

RECEIVED

AUG 22 1997

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

S P E C I A L T Y E Q U I P M E N T

Street, P.O. Box, or Route Number

1 2 4 5 C O R P O R A T E B L V D. S U I T E 4 0 1

City or Town

A U R O R A

State

I L

Zip Code

6 0 5 0 4

Phone Number (Area Code and Number)

6 3 0 - 5 8 5 - 5 1 1 1

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes ☐No ☒

(Date Changed)

Month

Day

Year

2010355001

RCRISENTRY SEP 10 1997

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)

☐ a. Greater than 1000 kg/mo (2,200 lbs.)☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

☐ a. For own waste only☐ b. For commercial purposes

Mode of Transportation

☐ 1. Air☐ 2. Rail☐ 3. Highway☐ 4. Water☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

☐ a. Generator Marketing to Burner☐ b. Other Marketers☐ c. Boiler and/or Industrial Furnace☐ 1. Smelter Deferral☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

☐ 1. Utility Boiler☐ 2. Industrial Boiler☐ 3. Industrial Furnace☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

☐ a. Utility Boiler☐ b. Industrial Boiler☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

☐ a. Transporter☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

☐ a. Process☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☒ X

2. Corrosive (D002)

☐

3. Reactive (D003)

☐

4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☒ X

D 0 0 8

D 0 0 9

D 0 3 5

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

A	1
F	0 0 3
7	

A	2
F	0 0 5
8	

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Dave Marchant

Name and Official Title (Type or print)

Dave Marchant, VP of Operations

Date Signed

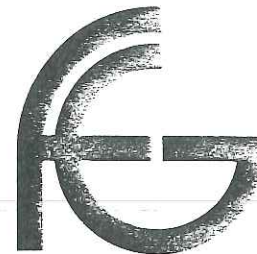
8-20-97

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Erwin D. Toerber
Quentin H. Davis
Hans A. Anderson
R. Todd Weegens

660 W. Stephenson St.
Freeport, Illinois 61032
815/235-7643
FAX 815/235-4632



FEHR-GRAHAM
& ASSOCIATES
Engineering and Science
Consultants

RECEIVED

SEP 04 1997

U. S. EPA, REGION V
SWB — PMS

CERTIFIED MAIL NO. P 415 347 762
RETURN RECEIPT REQUESTED

August 19, 1997

Illinois Environmental Protection Agency
Division of Land Pollution Control
2200 Churchill Road
Springfield, IL 62794-9276

Re: EPA Notification of Waste Activity (8700-12 Form)
Taylor Company
750 N. Blackhawk Blvd.
Rockton, IL 61072
ILD042855510

Dear Sir/Madam:

Please find enclosed a subsequent notification for regulated waste activities for the Taylor Company. If you have any questions, please call me at 815-235-7643.

Sincerely,

Ken R. Thompson
Project Manager - Environmental

KRT:bl
\\FGAFRPTS\SYS\WPFILES\LETTER\K37275A-NTA.doc
Enclosure
cc: Art Jero, Taylor Company

RECEIVED

AUG 22 1997

RECEIVED
SEP 23 1997

RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U. S. EPA—REGION 5



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

September 25, 1997

TAYLOR COMPANY
ATTN ARTHUR JERO
750 N BLACKHAWK BLVD
ROCKFORD, IL 61072

RE: US EPA ID Number ILD 042 855 510
Location: 750 N BLACKHAWK BLVD
ROCKFORD, IL 61072

08/20/97

In response to your correspondence of _____, the following information has been updated:

NAME OF LEGAL OWNER:	SPECIALTY EQUIPMENT
LEGAL OWNER'S ADDRESS:	1245 CORPORATE BLVD SUITE 401
	AURORA, IL 60504
LEGAL OWNER'S PHONE NUMBER:	(630) 585-5111
ADDITION OF WASTE CODE(S):	D001, D000, D008, D009, D035, F003 AND F005

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File

RECEIVED
SEP 26 1997

RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U. S. EPA - REGION 5



Taylor Freezer®

750 North Blackhawk Blvd.
ROCKTON, ILLINOIS 61072
(815) 624-8333

SMALL QUANTITY GENERATOR
20/4/83 mcr

Sept 28, 1983

U.S.E.P.A.
Region V
R.C.R.A. Activities
230 South Dearborn St.
Chicago, IL. 60604

ILD 042 855510, G

TO WHOM IT MAY CONCERN:

Yes, I'm a small quantity generator of hazardous waste. Our status has changed from generator to small quantity generator. We don't generate over 300 gallons of waste a month. Also the waste we generate is properly disposed of in less than a 90 day period.

We were just inspected by I.E.P.A. and found to be in compliance with the small quantity generator standards. (40CFR.261.5)

Sincerely:

Art Jero

Art Jero
Taylor freezer Co
750 Blackhawk Blvd.
Rockton, IL. 61072

USEPA # ILD 04285510
Winnebago County

RECEIVED
SEP 29 1983

RECEIVED
9/30/83

WASTE MANAGEMENT
BRANCH

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

NAME OF INSTALLATION

INSTALLATION MAILING ADDRESS

LOCATION OF INSTALLATION

ILD042855510

BEATRICE FOODS CO*
N BLACKHAWK BLVD
ROCKTON, IL 61072
DIV. TAYLOR FREEZER CO.N BLACKHAWK BLVD
ROCKTON, IL 61072

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

I L D 0 4 2 8 5 5 5 1 0 3 1 1 5 1 6 1 7 2 2

NAME OF INSTALLATION

TAYLOR FREEZER CO

I. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

N. BLACKHAWK BLVD

CITY OR TOWN

ROCKTON ILLINOIS

ST.

ZIP CODE

6 1 0 7 2

II. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

N. BLACKHAWK BLVD.

CITY OR TOWN

ROCKTON ILLINOIS

ST.

ZIP CODE

6 1 0 7 2

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

WEAVER KEITH PLANT ENGINEER

8 1 5 - 6 2 4 - 8 3 3 3

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

BEATRICE FOODS CO.

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

I L D 0 4 2 8 5 5 5 1 0

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

JUL 15 1980

WJLD042855102

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 1 7	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 2 2 8	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

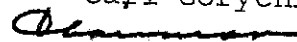
SIGNATURE



NAME & OFFICIAL TITLE (type or print)

Carl Gorychka

DATE SIGNED



Ch. of Board

7-10-80